

A Randomized Controlled Trial of a Patient Accessible Medical Record

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Background

Legal and technologic trends are making medical records more patient-accessible. The Health Insurance Portability and Accountability Act (HIPAA) stipulates that “patients must be able to see and get copies of their records, and request amendments.” Medical records are more commonly being stored in electronically, and methods have been developed to share these records with patients in a secure format.^{1,2}

Previous studies of patient-accessible medical records generally only provided limited exposure to the medical record and lacked controls for bias and confounding.³ We performed a 12-month randomized controlled trial of a patient-accessible medical record to further assess the effects of such a program.

Methods

Patients were recruited from a subspecialty practice for heart failure. From approximately 400 patients in the practice, 107 patients were enrolled, 54 of which were randomly assigned to be subjects. Subjects were given access to SPPARO (System Providing Patients Access to Records Online) for 12 months. This provided patients access to clinical notes, laboratory tests, and radiographic studies without translation or interpretation.

At 6 months and 12 months, patients returned surveys regarding their health status using a validated instrument (the Kansas City Cardiomyopathy Questionnaire⁴), as well as measures of compliance and satisfaction. We also tracked the number of messages that were sent, hospitalizations, and deaths.

Results

The groups were well matched at baseline. 43 of the subjects used SPPARO. The site was visited on 581 patient-days. A total of 78 patients completed 12 months of the study (35 subjects and 43 controls).

Access to SPPARO resulted in a 31% increase in messages. In structured interviews, medical staff did not perceive an increase in workload, and did not feel that SPPARO caused harm or disrupted the doctor-patient relationship.

It did not result in any significant differences in health status, clinic visits, or hospitalizations. Some measures of patient satisfaction improved, and several measures of adherence, including a global measure, showed modest statistically significant improvement.

Conclusions

This pilot study has demonstrated that a patient-accessible medical record may produce modest benefits in patient satisfaction. It produced an increase in message volume, but medical staff did not feel that it had a negative effect on clinical practice.

References

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